

POSITION	ID NO.	DATE
CLASSIFIER	45	6/27/94
EXAMINER	2120	7-10-95
TYPIST	393	7/11/95
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	6/3/98
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SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Cancelled
N	Rejected
I	Non-elected
A	Interference
O	Appeal
	Objected

Claim	Date
Final	
Original	
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